

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required to abide by the terms of this Notice of Privacy Practices and to maintain the privacy of Protected Health Information (PHI). We may change the terms of our Notice at any time. We reserve the right to make the revised notice effective for current patient PHI as well as information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. Patients may request a copy of the revised notice at any time by calling our office (208) 523-4906 or requesting a copy at our office at 1819 Hoopes, Idaho Falls, Idaho 83405-1906.

INFORMATION COLLECTED ABOUT PATIENTS In the ordinary course of providing billing services, our workforce will have access to protected patient information including, but not limited to, your demographic information, your medical history and documentation of services rendered, and your insurance plan information. We may use and disclose this protected health information for a variety of purposes. All the types of uses and disclosures of information are described below, but the list is not meant to be exhaustive, thus not every disclosure in a category is listed.

REQUIRED DISCLOSURES Upon request, we are required to disclose health information to the Secretary of Health and Human Services to determine our compliance with HIPAA and to patients in accordance with their right to access and receive an accounting of disclosures as described below.

FOR PAYMENT We will use protected health information as needed to obtain payment for health care services. This may include certain activities that a health insurance plan may undertake before it approves or pays for health care services recommended for patients, such as making a determination of eligibility or coverage for insurance benefits, or reviewing the medical necessity of services to be provided. For example, obtaining approval for a surgery or hospital stay may require that relevant protected health information be disclosed to the health plan to obtain approval.

FOR HEALTHCARE OPERATIONS We may use or disclose, as needed, patient's protected health information in the general operation of our medical billing practice. These activities include, but are not limited to, compliance audits and quality assurance reviews.

DISCLOSURE TO PERSONS ASSISTING IN PATIENT CARE OR PAYMENT FOR PATIENT CARE We may disclose protected health information to the patient's personal representatives or to family members and other individuals involved in patient care or assisting in the payment for patient care, unless the patient has expressly objected. This includes people and organizations such as patient's spouse, family, doctors, or an aide who may be providing services to patients. Generally we will obtain verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without patient agreement. This provision extends to disclosure of information regarding deceased patients unless the disclosure is inconsistent with the prior expressed wishes of the decedent.

United Medical Solutions, Inc.

BUSINESS ASSOCIATES We will share protected health information with third-party Business Associates and subcontractors that perform various activities for our organization; for example, technology support or collection agency personnel. Whenever an arrangement between our office and a business associate or subcontractor involves the use or disclosure of protected health information, we will have a written agreement with terms that protect the confidentiality of protected health information.

PUBLIC POLICY USES AND DISCLOSURES There are a number of public policy situations in which we must release a patient's protected health information without their written authorization. These situations include:

- As required by law.
- For public health activities regarding communicable diseases and work-related health issues.
- In reports about child abuse, domestic violence or neglect.
- In response to requests from the Food and Drug Administration (FDA), coroners, funeral directors, tissue and organ donation, law enforcement, research (with the approval of certain oversight entities), criminal activity, military activity and national security, inmates.
- For health oversight by agencies responsible for provider licensing and government benefit programs, other government regulatory programs and those overseeing civil rights laws.
- For legal proceedings including judicial or administrative proceedings and in certain conditions in response to a subpoena, discovery request or other lawful process.
- For services provided under Workers' Compensation laws.
- As required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.50 et. seq.

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION We are required to obtain written authorization from the patient for uses and disclosures of medical/billing information not described in this notice and for uses and disclosures of psychotherapy notes, for marketing purposes or disclosures that constitute the sale of protected health information. If the patient provides us with such authorization, they may revoke that permission, in writing, at any time. If they revoke authorization, we will no longer use or disclose personal information about them for the reasons covered by the written authorization, except to the extent we have already relied on their original permission.

INDIVIDUAL RIGHTS Patients have the right to ask for restrictions on the ways we use and disclose health information for treatment, payment and health care operations. They may also request that we limit our disclosures to persons assisting in their care or payment of their care. We will consider such requests, but we are not required to accept them.

Patients have the right to restrict disclosure of protected health information to a health plan with respect to services which have been paid for out-of-pocket in full.

Patients have the right to request that they receive communications containing protected health information from us by alternative means or at alternative locations. For example, patients may

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ask that we only contact them at home or by mail. We will make every effort to accommodate reasonable requests. Such requests must be made in writing to our Privacy Official.

Except under certain circumstances, patients have the right to inspect and copy medical billing and other records pertaining to them, including protected health information maintained in electronic format. If they ask for copies of this information, we may charge a fee for copying and mailing. (Under federal law, patients may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, patients may have a right to have this decision reviewed). If patients believe the information in their medical records is incorrect or incomplete, they will be referred to their health care provider to act upon their right to ask for the correction of existing information or the addition of missing information.

Patients have the right to a list of certain instances when we have used or disclosed their protected health information. We are not required to include in the list uses and disclosures made for treatment, payment for services furnished to them, for uses made for fulfilling our organization's obligations, disclosures to the patient, disclosures the patient has given us authorization to make and uses or disclosures made prior to April 14, 2003 among others. The right to receive this information is subject to certain exceptions, restrictions and limitations. If patients ask for this information from us more than once every twelve months, we may charge them a fee.

Patients have the right to receive notice following any breach of the patient's unsecured protected health information.

Patients have the right to a copy of this notice in paper form. They may ask us for a copy at any time. To exercise any of these rights, patients may contact our Privacy Official, ***in writing***. Please direct any requests for amendment to your health care provider.

COMPLAINTS/COMMENTS

If patients have any complaints concerning our privacy practices, they may complain to us or the Secretary of Health and Human Services. ***They will not be retaliated against or penalized by us for filing a complaint.***

To file a complaint or obtain more information regarding this notice or the complaint process, patients may contact our Privacy Officer, Renae Cardinal, P.O. Box 51906, Idaho Falls, ID, 83405-1906, (208) 523-4906, (e-mail:rcy@unitedmedicalsolution.com). Patients may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201 (e-mail: ocrmail@hhs.gov).

This notice is effective as of September 23, 2016.

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